

WRITE PLAINLY WITH UNFADING INK—THIS IS PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>182</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>102</u>
Town of _____			Local Registrar No. _____
or			
City of <u>Globe</u>	No. _____ St. _____ Ward _____		
2. Full name of child <u>Infant Warren</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
If child is not yet named, make supplemental report, as directed.			
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
		5. No., in order of birth _____	7. Date of birth <u>1-28-24</u> Month Day Year
8. FATHER		14. MOTHER	
Full name <u>David Eugene Warren</u>		Full maiden name <u>Alice Anna Snow</u>	
9. Residence (Usual place of abode) <u>Globe Arizona</u>		15. Residence (Usual place of abode) <u>Globe Arizona</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>37</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) <u>H. Chadborn Texas</u> (State or country)		18. Birthplace (city or place) <u>Texas</u> (State or country)	
13. Occupation <u>Laborer</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>9</u> (c) Stillborn _____		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>4:30</u> A.M. on the date above stated. (Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. W. Adams</u> (Physician or midwife)	
Address _____			
Given name added from a supplemental report _____		Filed <u>2/11</u> 19 <u>24</u> <u>B. G. Gray</u> Local Registrar.	
Month, day, year.		Filed <u>3/5</u> 19 <u>24</u> <u>B. G. Gray</u> County Registrar.	
Registrar.			

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